

Bureau of Health Care Quality and Compliance

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: NVN4468ADC	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/28/2010
NAME OF PROVIDER OR SUPPLIER SHARE THE DAY ADULT DAY CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 911 BEVERLY DRIVE CARSON CITY, NV 89706		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
U 000	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the State Licensure survey conducted at your facility on 6/25/10.</p> <p>The survey was conducted using Nevada Administrative Code (NAC) 449, Facilities For Care Of Adults During The Day, regulations adopted by the Nevada State Board of Health on June 23, 1986.</p> <p>The facility was licensed for 20 total day care clients. The census at the time of the survey was two. Nine resident files were reviewed and three employee files were reviewed.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The following regulatory deficiencies were identified:</p>	U 000		
U 27 SS=C	<p>449.4069 INSURANCE</p> <p>3. Each contract of insurance must contain an endorsement providing for a notice of 30 days to the division before the effective date of a cancellation or non renewal of the policy. This Regulation is not met as evidenced by: Based on observation and interview on 6/28/10, the facility failed to provide a copy of a liability insurance contract for visual inspection. Said insurance policy must contain an endorsement providing for a notice of cancellation to the Bureau of Health Care Quality and Compliance.</p>	U 27		

If deficiencies are cited, an approved plan of correction must be returned within 10 days after receipt of this statement of deficiencies.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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U 27	Continued From page 1 Severity: 1 Scope: 3	U 27			
U 56 SS=E	449.4072 DIRECTOR AND EMPLOYEES 3. Every employee of the facility: (b) Shall provide the division: (1) upon his initial employment, with the results of a physical examination conducted within the preceding 6 months, or with a copy of his medical records for the preceding 3 years, certified by a physician. This Regulation is not met as evidenced by: Based upon record review on 6/28/10, the facility failed to ensure 1 of 3 sampled employees had a pre-employment physical examination (Employee #2). Severity: 2 Scope : 2	U 56			
U 67 SS=D	449.40723 SUPERVISION OF CLIENTS; VOLUNTEERS 3. A volunteer shall conform to the same standards and requirements as a paid employee who performs a similar function, except that a volunteer is only required to provide the results of a tuberculin test and not the results of a complete physical examination. This Regulation is not met as evidenced by: Based upon record review on 6/28/10, the facility failed to ensure a volunteer had the results of their TB skin tests on site (missing second step TB test). Severity: 2 Scope : 1	U 67			
U 72 SS=E	449.40725 Orientation and Training of Employees All employees and volunteers at the facility:	U 72			

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U 72	Continued From page 2 3. Must receive training at the facility on a regular basis, but not less than 12 hours per year. This Regulation is not met as evidenced by: Based on record review on 6/28/10, the facility failed to ensure 1 of 3 employees received at least 12 hours of training per year (Employee #1). Severity: 2 Scope: 2	U 72			
U 89 SS=E	449.4073 Files Concerning Employees A separate file must be maintained and kept current on each employee. The file must include the following: 5. All required health certificates. This Regulation is not met as evidenced by: Based on record review on 6/28/10, the facility failed to maintain a current file on each employee (Employee #2 - missing evidence of physical examination). Severity: 2 Scope: 2	U 89			
U112 SS=F	449.4074 Requirements for Facility 4. Each facility must have at least tow well-identified exits. This Regulation is not met as evidenced by: Based on observation on 6/28/10, it was determined that the facility did not have exit signs posted on or above the exit doors. Severity: 2 Scope: 3	U112			
U123 SS=F	449.4075 Plan for Emergencies; Drill for Evacuation 2. A drill for evacuation must be conducted at least once every 3 months. Fire extinguishers	U123			

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U123	Continued From page 3 must be inspected periodically and training must be provided for employees of the facility in procedures to be followed in case of a fire or other emergency. This Regulation is not met as evidenced by: Based on record review on 6/28/10, the facility failed to conduct an evacuation drill every 3 months (missing 2nd quarter from 2010). Severity: 2 Scope: 3	U123			
U193 SS=F	449.40835 Records 2. An individual file must be maintained for each client and retained for 5 years after he permanently discontinues his use of the facility. Each such file must be kept in a locked place which is resistant to fire and must be available only to authorized persons. The file must contain all records, letters and other information related to the client, including: (a) His forms for application and enrollment. This Regulation is not met as evidenced by: Based on observation and record review on 6/28/10, the facility did not maintain required admission information in a locked storage cabinet. Findings include: 1. Client files were not locked 2. Clients #1, #2, #3, #4, #5, #6, #7, #8 and #9 were all missing race information 3. Clients #4 and #5 were missing the telephone number of the client's physician 4. Clients #2, #4 and #8 were missing social security number 5. Clients #2 and #8 were missing occupational information	U193			

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U193	Continued From page 4 6. Client #6 was missing a signed and dated physical exam Severity: 1 Scope: 3	U193			
U9999	Final Comment Final Comment The facility must show evidence of compliance with the provisions of chapter 441A of NRS regarding tuberculin testing and the regulations adopted pursuant thereto. Based upon record review on 6/28/10, the facility failed to ensure 9 of 9 sampled clients had documentation of a current 2-step Tuberculin skin test. Severity: 2 Scope: 3	U9999			

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